

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010032

FILED  
Jun 14, 2005  
Secretary of State

**Entity Name:** COMMITTEE DE RELEVEMENT DE BAS-LIMBE, INC.

**Current Principal Place of Business:**

11 NE 6 STREET  
FT LAUDERDALE, FL 33304

**New Principal Place of Business:**

1441 NW 29 AVENUE  
FT LAUDERDALE, FL 33311

**Current Mailing Address:**

11 NE 6 STREET  
FT LAUDERDALE, FL 33304

**New Mailing Address:**

1441 NW 29 AVENUE  
FT LAUDERDALE, FL 33311

**FEI Number:** 20-0429576      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

EACCOUNTANTSMALL.COM LLC  
1437 NE 4 AVE  
FT LAUDERDALE, FL 33304      US

**Name and Address of New Registered Agent:**

EACCOUNTANTSMALL.COM LLC  
2331 NE 5 AVENUE  
POMPANO BEACH, FL 33064      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JEAN MARIE OLIVIER FOR EACCOUNTANTSMALL

06/14/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: FELIX, NORVILIEN  
Address: 460 NW 46 AVE  
City-St-Zip: PLANTATION, FL 33317

Title: VD      ( ) Delete  
Name: MOMPRIER, AUGUSTIN  
Address: 520 SW 24 AVE  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: TD      ( ) Delete  
Name: PIERRE, JACQUELIN  
Address: 810 SW 63 TERRACE  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: SD      ( ) Delete  
Name: ANDRE, JEAN R  
Address: 3713 SW 14 ST  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: SD      ( ) Delete  
Name: MICHEL, WILFRID  
Address: 1324 NW 2 AVE  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: DCO      ( ) Delete  
Name: DAGOBERT, RODIRGUE  
Address: 4801 NE 6 ST  
City-St-Zip: PLANTATION, FL 33317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELIX NORVILIEN

PD

06/14/2005

Electronic Signature of Signing Officer or Director

Date